

STORER (H. R.)

(The Progressing Decrease of the Rate of Increase of
American Population.)

**Criminal Abortion : Its Prevalence, Its
Prevention, and Its Relation to the
Medical Examiner—Based on the
“Summary of the Vital Statistics of
the New England States for the Year
1892,” by the Six Secretaries of the
New England State Boards of Health.**

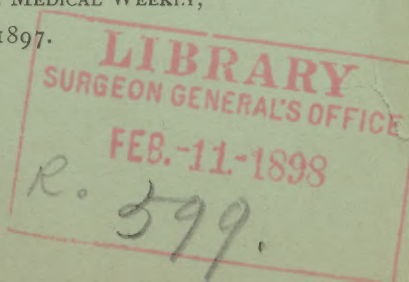
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CRIMINAL ABORTION: ITS PREV-
ALENCE, ITS PREVENTION,
AND ITS RELATION TO THE
MEDICAL EXAMINER.*

By H. R. STORER, M.D.,
of Newport, R. I.

A recent failure to obtain conviction in a trial for criminal abortion in Rhode Island, the case having been thought a clear one, is said to have carried such discouragement to several of the members of this Society that they are unwilling to have even the general subject referred to. Upon the other hand, if we acknowledge the frequency of the crime, and of this there can be no question,† one would suppose that the

*Read before the Rhode Island Medico-Legal Society at Newport, R. I., August 12, 1897.

†It will be perceived that it is not claimed that abortion is the only, or even the main cause of the present decrease of the rate of increase of our population, but that, in addition to other influences, it does play an important part.

time was peculiarly appropriate for attempting to ascertain the real cause of what may have been not an exceptional instance of failure of justice, and, if possible, to find its remedy. Towards this a brief summary of the medical anti abortion movement, comprised within the past half century, may perhaps be of aid.

Forty years ago, on December 14, 1858, in a paper read at Boston, before the American Academy of Arts and Sciences, upon the "Decrease of the Rate of Increase of Population" then, as now, progressing in this country, I attempted to explain a problem that was already disturbing political economists. The decrease of the rate of increase had been noticed and commented upon, but its complete explanation unreachd. The existence of one "prudential check," the prevention of impregnation, either by abstinence or through incompletd or otherwise imperfect coition, had been recognized, but it was evidently insufficient of itself to solve the problem. Sexual instinct and passion are univer-

sal. It was unreasonable to suppose that they had been brought so generally under control as to merely prevent sexual intimacy, especially where this had been rendered practically imperative through marriage. It was equally futile to consider that the majority of mankind, if allowing themselves such indulgence, would bear arrest upon its very threshold. I was led to the true answer to the question not as a medical jurist, philanthropist or social reformer, but solely as a gynecologist. Being struck by the prevalence of certain forms of pelvic disease after abortion, and by the frequency with which patients in easy circumstances acknowledged to me in such cases that there had been an enforced shortening of pregnancy—if it had been merely the destitute I should not have been so much impressed—I induced medical friends to institute similar inquiries, and they found that almost invariably when the same leading interrogatories were put, identical replies were elicited. I had soon a body of evidence that justified me in suggest-

ing that criminal abortion, and this alone, afforded the missing link, the complete explanation of what had previously been inexplicable, in relation to the decrease of the rate of increase of our population. The paper referred to, read before so prominent a body as the American Academy, of which I was a Fellow, created a perfect whirlwind of surprise and indignation in Boston. While my facts could not be gainsaid, I was told that to expose them publicly would but increase the evil; was upbraided and condemned for exhibiting, even in the privacy of a scientific society, this blot on the good name of New England, and was begged to postpone publication outside of the medical profession until I had obtained from it a more general corroboration of the position that I had assumed. In deference to the judgment of so many of my seniors and friends, I delayed the publication of the Academy paper, and it did not appear till nearly ten years after, in Silliman's New Haven Journal, *the American Journal of Science*

and Arts, for March, 1867. So extensive and authoritative were its statistics that there could be no longer doubt, and its conclusions were at once accepted by scientists in this country and Europe.

Previously to the date mentioned, 1858, there had been for a few years a revival of sentiment regarding the inherent heinousness of induced abortion. From the earliest days of medicine it had been reprobated, but a technical cloudiness of idea, or of expression, had crept into medical language and that of the law. Quickening, so-called, a sensation that by no means occurs with every pregnant woman, had come to be explained as meaning "with quick child" rather than "quick with child." In other words, many believed that before the fourth month, or thereabouts, the foetus was but a portion of its mother and not endowed with independent life,—an opinion that in these days of each person being their own judge in questions of morality and religion, had become the prevalent one. In 1839 the awakening of interest in

this matter may be said to have commenced, for in that year the elder Hodge, of Philadelphia, most earnestly insisted upon conception as the true beginning of foetal life. He was followed by Radford, of Great Britain, in 1848, and in 1855 by my father, then Professor of Obstetrics and Medical Jurisprudence in Harvard University, who was perhaps the first to point out the disastrous physical results of criminal abortion to the mother, as he was also in the matter of ordinary incomplete coition, as regards the subsequent health of both parties concerned.* None of these gentlemen, however, seem to have entered the at that time somewhat thorny path that connects induced abortion with politi-

*It may here be proper for me, six years after my father's death, to refer to the way in which he too was persuaded to long silence upon this most important question. In November, 1855, in his introductory lecture to the medical class of Harvard University, he entered at length into its discussion. When the address was printed, this portion of it was suppressed at the request of his colleagues, lest its publication might be "injudicious." It did not appear until seventeen years afterwards, 1872, when, under the title: "Two Frequent Causes of Uterine Disease," it was given in full, as it was written. (*Journal of the Gynæcological Society of Boston*, March, 1872, page 194 and September, 1872, page 164.) The suppression was warmly regretted, at the time of its occurrence, by the *Boston Medical and Surgical Journal*.

cal economy. I have always frankly acknowledged that it was from my father's recognition of the effect of abortion in producing pelvic disease that my attention was first drawn to the subject. Had it been otherwise I might never have pursued the inquiries which led me to appreciate the frequency of the crime.

As has been seen, I was compelled to take the course that had been urged upon me by the Academy. A year previously, in 1857, I had brought the question of the prevalence of criminal abortion, as evidenced in gynecological practice, to the attention of the Suffolk District Medical Society, of Boston, which comprises all the practitioners of that city in good standing. I was there peremptorily challenged by the older men, who considered the investigation both injudicious and improper. Several of these, who were afterwards my critics at the Academy, were determined to prevent the threatened scandal, as they considered it. One of them, a professor at Harvard and the

leading physician of Boston, thought to annihilate me by explaining that he had been in practice for nearly fifty years (he began in 1810), and had never known a single instance of criminal abortion, and here was a young man who had been his pupil, soberly relating the histories of scores of such cases. The only answer required was to ask Dr. B. if he had ever sought from a patient if her miscarriage had been from an avoidable cause. His reply was, "Never, for it would have been an insult to put to a lady such a question." From that moment the attention and the cordial co-operation of the profession were gained. In those days though a portion of the miscarriages were of course recognized as such, many others were supposed to be cases of mechanical or membranous dysmenorrhœa, and no questions were asked or examinations made, gynecology being still in its infancy. The Suffolk District Society at once led the movement by appointing a committee consisting of the late Drs. Henry I.

Bowditch, Calvin Ellis and myself, upon whose report the matter was carried to the State Society, to the end that through its aid the Massachusetts statutes might be made more correct, more intelligible, and more efficient. There had been thirty-two trials in that State for abortion from 1849 to 1857, and not a single conviction. The State Society thereon appointed still another committee to report to its councillors, whose action was to be final. Of this committee I was the youngest member. It took advantage of my temporary absence from the State, and without notifying me or in any way recognizing my existence, to report that "the laws of the Commonwealth are already sufficiently stringent provided that they are executed," and the councillors were but too glad to decide accordingly. Thus did the State Society of Massachusetts in 1858, by its refusal to assist in rendering convictions possible, become so far directly accountable for the increase of the crime. In 1857, I had papers upon

the subject in the *New York Medical Journal* and the *New Hampshire Journal of Medicine*, in 1859 in the *American Journal of the Medical Sciences*, and the *Medico-Chirurgical Review*, and for a series of years in the *Boston Medical and Surgical Journal*, and elsewhere. In 1857, at its meeting at Nashville, the subject was presented to the American Medical Association, which I had joined in 1856, a committee was appointed, and its report was made at the meeting at Louisville in the ensuing year. My associates upon the committee were: Drs. Blatchford, of New York; Hodge, of Pennsylvania; Pope, of Missouri; Barton, of South Carolina; Lopez, of Alabama; Semmes, of District of Columbia; and Brisbane, of Wisconsin. Their standing in the profession was guarantee of their conservatism and their faithfulness in the inquiry. It interested them all, and they personally contributed towards the general decision. Their report was accepted, and the resolutions appended were unani-

mously adopted (*Trans. Am. Med. Assoc.*, xii, p. 75). The report pointed out that there were especially three causes of the general demoralization as regards child-bearing. First, a widespread popular ignorance of the true character of the crime; second, that the profession themselves are frequently supposed careless of foetal life; and third, the grave defects of our laws, both common and statute, regarding the independent and actual existence of the child before birth, as a living being. The Association formally presented a memorial to the Legislative Assembly of every State in the Union with the prayer that its laws upon abortion might be revised, and as formally requested the zealous concert of the various State Medical Societies in procuring the action indicated.

Subsequently, the Association awarded its gold medal for an essay upon "The Physical Evils of Forced Abortions," and it was published in its Transactions for 1865. In the hope that if these evils were more frequently

known, and their gravity appreciated, much might be done towards the suppression of the crime, the Association authorized, by special vote, the republication of this essay for general circulation, and it thus reached to the extent of thousands of copies, the women of the country; physicians and clergymen, both Protestant and Catholic, vieing with each other in its distribution among their patients and parishioners. Its title, by sanction of the Association, was "Why Not? A Book for Every Woman." Till 1872, the demand for it continued unabated.* It was found, as the Association had anticipated, that where religion and morality had failed, the fear of resulting physical lesions exerted a wonderfully deterrent influence, and hundreds of women acknowledged that they were

*In view of the fact that where wives were themselves opposed to abortion, their husbands often strongly favored it, and that at the time of many marriages it was soberly agreed between the contracting parties that no children should result, a companion essay was prepared, directed to the same end as the former, and this was entitled, "Is it I? A Book for Every Man." This also had a very large circulation.

In 1868, in conjunction with the late F. F. Heard, of the Boston bar, there was published "Criminal Abortion: Its Nature, Its Evidence, and Its Law" (Little, Brown & Co., Boston), as an aid to its prosecution in the courts.

thus induced to permit their pregnancy to accomplish its full period.

I was then for several years absent from this country, permanently invalided, and upon my return, found that the publishers, engrossed by other matters, had permitted advertisement to cease. The book has, since that time, been virtually out of print, although applications are still quite often received for it. The last of them was from the Superintendent of the Territorial Board of Health of Oklahoma, and is dated July 17, 1897.

You are all familiar with what has since been done during the past twenty-five years, by yourselves and almost every other high-minded physician in personal attempts to stay the progress of the crime. Much has been written upon the subject, from various stand-points, but foetal murder still prevails, a dreadful monster that wounded at one point, evinces but fresh strength at others. For a while it really seemed that the intellect of the people had been sufficiently interested and their recogni-

tion of accountability sufficiently aroused to produce a permanent impression for good, but the adults of those days are mostly dead, and their children and grandchildren form a new population, with fresh instincts and desires. The virility of men is as perfect as formerly, and the proneness of women to conceive, when approached, has not been impaired. Abortifacients are openly sold and publicly advertised, and the doctrine that the limitation of child-bearing is justifiable is daily preached. At trials, those most closely interested combine to suppress or distort evidence, hired "experts" assist them in doing so, and juries and sometimes judges do not seem to appreciate the true character of the offense. The newly created profession of medical examiners has bravely attempted to secure convictions, but against their zeal and faithfulness and skill there is pitted an increased alertness of criminal advocates. In a word, the three great causes of the prevalence of abortion still exist: Popular ignorance of the real nature of the

crime; apathy on the part of the medical profession—well indeed would it be were there no physicians who were suspected of being its principals; and third, defects in the law, sustained by long usage, and therefore the more difficult to overcome. The decrease of the rate of increase still goes on. It is now estimated that were there to be no accessions from without, the descendants of the original settlers of New England would entirely disappear within an easily calculated period. When one considers the already great proportion of our Catholic population, and that for religious reasons induced abortion practically never occurs among them, it is easy to appreciate how rapidly the early Puritan stock is becoming effaced.

The present condition of things has been forcibly shown by a recent New York cartoon. A block of eight brown stone houses is depicted, on Fifth avenue, facing Central Park, the streets between which it stands being given. The whole block is occupied during the

season. It contains just fifty-one persons, not one of them being under fourteen years of age, the proportion being no child to the fifty. In front of the block there is emptiness and silence. Against this another block, on Eighty-eighth street, between Lexington and Park avenues, is shown. By the police census it contains eight hundred and ten inhabitants, of whom three hundred and twenty are under twelve, being two such to every five persons. Before these buildings there is always a joyous throng of infants and children.

But, you will ask, do the most recent statistics sustain these grave assumptions? Are not the official figures of our careful New England State Boards of Health more encouraging than were those of 1858? The following tables I take from "A Summary of the Vital Statistics of the New England States for 1892," compiled under the direction of the secretaries of the State Boards of Health of the six New England States, and published by them in Boston and London, which I owe to the

secretary of our Rhode Island State Board, Dr. Swarts, of Providence. There are even more depressing statistics than these that have recently been published of the New England States. I prefer only to quote those which have the combined endorsement of the state officials themselves.*

I. THE NEW ENGLAND LIVING BIRTH RATES AS COMPARED WITH FOREIGN.

In 1892, though the marriage rate in New England and its several states was slightly greater per thousand of population than in any of the fourteen European countries quoted in the Summary, their living birth rate was as follows:

Hungary, 40.3; Italy, 36.3; Austria, 36.2; German Empire, 35.7; Holland, 32; Scotland, 30.7; England and Wales, 30.5.

New England, 24.9; Massachusetts, 27.8; Connecticut, 24.5+; Rhode Island, 24.5-; Maine, 20.7; Vermont, 19.7; New Hampshire, 19.1.

*I confine my remarks to New England merely because its statistics are supposed more trustworthy. There is reason to believe that a similar condition prevails elsewhere in this country.

In 1850 the birth rate in Massachusetts was 28.2 per thousand of population. In 1855, 29. During the twenty years, 1871-90, it sank to 25.7. In 1891 there was an increase to 27.4 and in 1892 to 27.8, but even with these figures it is much below what it was when I discussed the question in 1858.

A wide difference appears above. Has the mental culture of New England produced such general nervous exhaustion as to emasculate its men and to physically unsex its women? Or is it that, procreative instinct remaining the same, as shown by the many and early marriages, it is the maternal instinct that has been annihilated?

II. EXCESS OF LIVING BIRTH RATE OVER GENERAL DEATH RATE; 1892.

Scotland, 12.2; Norway, 11.9; German Empire, 11.6; England and Wales, 11.5; Holland, 11; Italy 10.1; Denmark, 10.1.

New England, 5; Massachusetts, 7.2; Connecticut, 4.9; Rhode Island, 4.2; Maine, 2.3; Vermont, 1.8.

During the twenty years, 1871-90, in Connecticut it had been 6.5; in Rhode Island, 5.7, and in Vermont, 5.1, so that in these States the diminution since is extremely marked. In France, where the birth rate has fallen to 22 per thousand, which is larger than those of Maine, Vermont and New Hampshire for 1892, it is now less than the death rate, and the condition is viewed with alarm by the whole civilized world.

How long can our own communities endure the present drain, and can it be explained save as I have done?

III. ILLEGITIMATE LIVING BIRTHS PER ONE THOUSAND LIVING BIRTHS; 1892.

Austria, 143; Bavaria, 132; Saxony, 127; Sweden, 101; Denmark, 101; German Empire, 89; Scotland, 84; Norway, 82; Belgium, 77; France, 74; Italy, 73; England and Wales, 48; Switzerland, 47; Holland, 30; Russia, 28; Ireland, 25. (Bertillon.)

Massachusetts, 15; Rhode Island, 10.7; Connecticut, 10.3; Vermont, 10.2.

IV. NEW ENGLAND AS COMPARED WITH FOREIGN MARRIAGE RATES; 1892.

The comparative marriage rate might be thought to have some bearing upon the general question. Though slightly larger in New England than in many foreign countries, the difference is not very marked. The general marriage rate in New England for the twenty years, 1871-90, was: In Rhode Island, 18.7 per thousand; in New Hampshire, 18.6; in Massachusetts, 18.1; in Connecticut, 16; and in Vermont, 15.6. In Austria, 16.3; German Empire, 16.4; England and Wales, 15.6; and in Italy the same.

1892: Hungary, 18.4; German Empire, 15.9; Austria, 15.6; England and Wales, 15.4. New England, 18.5; New Hampshire, 21.3; Rhode Island, 19.3; Massachusetts, 19; Vermont, 17.5; Maine, 17.3; Connecticut, 17.

Regarding the above, there can be no doubt that the registration is correct. Granting that ordinary morality among the unmarried is greater with us than

in the foreign countries named, do not the tables that have been given show, in the light of almost daily newspaper reports, that where unmarried women in New England do become pregnant, a much larger proportion destroy their children in the early months?

V. THE MARRIAGE AND BIRTH RATES COMPARED; 1892.

Comparing the last figures with the decrease of the birth rate, there can be but a single deduction.

Marriage Rate: Hungary, 18.4; German Empire, 15.9; Austria, 15.6; England and Wales, 15.4.

Birth Rate: Hungary, 40.3; German Empire, 35.7; Austria, 36.2; England and Wales, 30.5.

Marriage Rate: New England, 18.5; Massachusetts, 19; Connecticut, 17; Rhode Island, 19.3; Maine, 17.3; Vermont, 17.5; New Hampshire, 21.3.

Birth Rate: New England, 24.9; Massachusetts, 27.8; Connecticut, 24.5+; Rhode Island, 24.5-; Maine, 20.7; Vermont, 19.7; New Hampshire, 19.1.

From this it may fairly be asked if our married women are more careful of foetal life than are the unmarried.

VI. EARLY MARRIAGES IN NEW ENGLAND AS COMPARED WITH GREAT BRITAIN; 1892.

In England and Wales, according to Sir Brydges Henniker, the Registrar General, the mean age at which their women marry (as in 1895) is slightly over twenty-six years. In 1892, 18.8 per cent. of the women married in New England were under twenty years of age. In New Hampshire there were 27.3, and in Maine 27.6 per cent. This fact, with the usual disinclination of the very young to settle down quietly to the normal cares of married life, should also be taken into consideration.

VII. LIVING BIRTH DEFICIENCY IN NEW ENGLAND; 1892.

The registration officers of New England, in the publication quoted, state that the living birth rate in a community that is "thriving" should be not less than twenty-seven per thousand, which is much below the

average in the foreign countries that I have quoted. There was from this low standard a deficit in 1892 in Maine, of 4,000 births and over; in New Hampshire, of 3,000; in Vermont, of 1,500; in Rhode Island, of nearly 1,000; and in Connecticut, of 2,000; or of nearly 12,000 in the five states. The registrars recognize in a footnote this great deficit, and suggest that "in Maine and New Hampshire, in which registration has been operative for a shorter time than it has in the other States, the registration of births is considerably defective." They do not, however, say this of Vermont, Rhode Island and Connecticut, in which three States there was a deficit of between four and five thousand. Is it not quite certain that the deficit must have been in great measure from a far different cause than mere imperfect registration?

VIII. STILL BIRTHS AT TERM IN NEW ENGLAND PER THOUSAND LIVING BIRTHS;
1892.

New England, 35.9; New Hampshire, 54.1; Rhode Island, 41.7; Con-

necticut, 40.2; Vermont, 36.1; Massachusetts, 34.8; Maine, 19.6.

Granting all that has been suggested by the registrars to deficiency in the registration of living births, it is evident that the same must be allowed in the case of still births, the reported number of which is far too great. During the half century since the introduction of anæsthesia in child-bed, the general disuse of craniotomy, and the less delay in waiting for nature to relieve itself, still births should now be more exceptional. Every one knows that this is not the case, and all are also aware that for every still birth at term, many of which are occasioned by blows, falls, intentional strains, and the like, inflicted upon herself by the mother, a great many abortions and premature births occur, but a very small fraction of which, even if known to the family physician, are ever reported to the registrar, while in the majority of these cases, unless the mother is in danger of death, the family physician is never called.

IX. BIRTHS TO NATIVE AND FOREIGN
PARENTS IN NEW ENGLAND; 1892.

The following sentence from the same authorities who have been quoted (p. 58), has its bearing. "Among native parents the firstlings constituted 31.2 per cent. of the whole number of births, and among foreign parents they were 22.4 per cent. of the whole. The ratio of children who were the fifth, sixth, and upwards among foreign parents was much greater than it was among natives." I long ago showed in my paper to the American Academy, that this difference "is to be explained by the watchful protection exercised by the Catholic Church over foetal life, and that there can be no question that the dogma on which this rests, the sanctity of infant baptism, has saved to the world millions of human lives."*

That these facts are true should be

*Since the present paper was read, it has been stated to me by a physician that, in his experience, Catholic women have proved equally guilty. I cannot believe that this can be so, save in his exceptional instance. Were it true, however, it would furnish the most cogent *a fortiori* evidence that the moment had come for renewed and earnest action by the physicians of America.

the greater reason for a Society like our own to exert itself anew, for surely such obstacles as we know exist can be overcome. All medico-legal societies and state organizations of examiners can combine towards improvement in the statutes regarding the crime. Offenders in our own profession can be discovered and pursued with greater rigor; and the measures towards enlightening the ignorance and awakening the conscience of the community, which have been pronounced legitimate by the American Medical Association, can be renewed. Now, as formerly, the well founded dread of the physical consequences of abortion can be brought home to every pregnant woman. Such procedure cannot but secure success. How perfect this may prove will depend upon the persistence and earnestness of your movement. There can be nothing, you may all be certain, that individually or collectively you may undertake, that will more deserve the blessing of Almighty God.

DISCUSSION.

Dr. Wm. H. Palmer, of Providence, said—
The decrease in the marriage and birth rate, as shown from vital statistics, is a source of alarm to those who have the best interests of society and the country at heart.

As causative, it is unfortunate indeed to these interests, that the rearing of large families is unconventional, at least, to the manor born; that the up-to-date view of foetal prevention, or destruction, leans to the conventional right. Educational and society interests contribute also the result. Maternity is considered too restrictive upon the pleasures and ambition of woman, and limits her rights and sphere of avocation; hence the delay of marriage by literary women, and of those society women marrying, the too oft prevention of maternity by abortive methods. In seeking for the restraint of such methods, he finds that the prosecuting power of the law is slow to interfere with social crime; that the courts are pitiful, and the pulpit is too often silent; that legislative and judicial interference with social evils in this State, where individual liberty is commensurate with soul liberty, are practically without avail; that from his study of the methods for the prevention of the social crime, he has become satisfied that in the church confessional there lies a power for the restriction of social evils that transcends the

mandate of the written law; that the confessional should be a part of all church service.

He alluded to the fact that the church and medical profession are always disposed to shift the burden when social evils are considered, but thought there is not a parity in the influence of the two professions. That the pulpit is a power for the repression of social evils when it dares to have the courage of its convictions, no one can doubt. Whereas, on the other hand, the teachings of medical science in the appeal of the physicians against the destruction of foetal life, which so often results in permanent ill health or premature death, or the prevention of maternity which is the highest attainment of womanhood, go often unheeded.

The intimation of the reader of the paper, that in this and like societies there is a power for the repression of the social crime, is worthy of due consideration, but calls for further explanation relative to the method.

The Rev. T. C. McClelland, Ph. D., of Newport, said that he had come to listen and did not expect to speak. He was much interested in the paper. From statements made by physicians, whom he had known, he thought it possible that the thesis might have truth. He looked upon the introduction of a confessional in the Protestant church as an impossibility, the suggestion was quite absurd. The burden of reform rested upon physicians.

Clergymen could not speak of the subject from the pulpit. They could work only as all true men must work—for the development of the public conscience.

He had heard that women sometimes perform the operation themselves and then summon physicians to correct the consequences. He thought it the duty of physicians to set their faces resolutely against such a practice and to bind themselves by a noble ethical ideal. One cause of the decrease in childbirth might be the sentiment against large families; the cry of "women's rights" might be responsible for a portion of this sentiment. Then, again, the decrease in births may be accounted for by the fact that fewer women were married in early womanhood. The summing up of the whole matter seemed to him to be: first, the possession, by practitioners, of high moral sense; and second, the inculcation of the feeling that there was no higher and more beautiful duty than the bearing and nurture of children.

Dr. E. S. F. Arnold, of Newport, had no doubt of the frequency of abortion. In conversation with some of the Eastern (New England) women there seemed to be an impression that there was no harm in getting rid of children in foetal life. He never knew of anything of the kind among them, but in large cities and densely populated communities there were, he believed, parties to be found,

who are willing to disgrace their profession, or non-professionals who make a profitable trade in becoming abortionists. Every now and then when serious results follow, such parties are shown up in the public press. The evil is not wholly confined to any one section of the country and he did not think the law could reach it unless things go wrong. Even then the income of professional abortionists was so lucrative that they were long able to baffle the efforts of the law.

When located in Yonkers, where there were many well-paid mechanics from New England, he was impressed with the fact that their children were comparatively few. He did not know but the combined moral force of the medical profession might accomplish the obliteration of the crime. Individually, all a respectable physician can do when application is made to him is to refuse to have anything to do with the case, and point out the immorality and the fact that all who participate in bringing on the abortion are criminals under the law.

Dr. Henry D. Chapin, of New York, believed that the conclusions of the paper could not be drawn from the premises. It is a mere assumption to conclude that a lessened birth rate in a given section of country is due solely to criminal abortion. The more thrifty classes tend to confine themselves to the sterile period during intercourse, and also to employ

various preventives. It is also a law of nature that a complex and highly developed civilization acts in the way of inhibiting procreation. Dr. Chapin also deprecated impugning the morality of a class on such data as were given in the paper. It is questionable if the morality of the so-called lower classes is any higher than that of the higher classes. Comparisons are here odious.

Dr. Storer, in reply, was glad to have the other side of the question presented, but would suggest to Dr. Chapin that if he had more closely followed his argument, his indignation would have been less. He, Dr. S., had not claimed that abortion was the only, or even the main cause of the shrinkage, but had fully allowed for the effect of sexual abstinence, and incompleted intercourse, merely claiming that in addition to these causes there was the third, and that this was a very important one. No amount of *a priori* reasoning could disprove the direct evidence afforded by the acknowledgments, familiar to almost every physician, of the women themselves, who had resorted to this measure. He had confined his remarks to New England, because its statistics were believed more trustworthy. As to Dr. Chapin's view of these methods being beneficent and providential and praiseworthy, he could only refer to the sentence in the psalms of David: "*Deposuit de sede potentes: et exaltavit humiles*" (He hath put down the

mighty from their seat: and hath exalted the humble). Now, as then, even if the descent and upheaval, the dying out of the native element and the substitution of the foreign born, are parts of a beneficent and providential process, it is one inflicted in penalty for the sin of the people—their departure from the evidently intended ways of their Creator.

To Dr. Palmer's request for suggestions as to what could be done by this and similar societies, he would answer as follows:

There are several things that may advantageously be done:—

1st. You think that the statutes under which you attempt to secure convictions, by their wording, disarm the prosecutor and give more than reasonable protection to the accused. It is needless to say that the only way in which you can hope to secure a better law is through concerted action. Let this Society appoint a committee—and you are every one of you qualified for such duty—that shall determine where the statutes are at fault, obtain suggestions thereon from friendly lawyers, and report the result to the Society at a future meeting, to the end that it may then put itself in communication with the other state organizations of medical examiners and enlist their co-operation in the movement.

2d. You complain of the apathy, if not direct antagonism, of judges, juries and advocates, even of those of the latter who are not

for the time employed against you. A stream cannot rise above its source. If the belief of these men, who are but representatives of the community at large, rests upon popular ignorance of the true character of the crime, and if prevention of abortion is better than attempts at conviction of foetal murder after it has been committed, and if it can be prevented only through awakening woman's conscience, arousing her maternal instinct, and exciting her fear of physical peril to herself, then your course is clear. By a vote to this effect, you can so far render it probable, that active resumption of the means long ago employed by the American Medical Association may be undertaken.

3d. You can only really succeed by again bringing the subject directly to the attention of the profession at large. You can do this by employing the machinery that was availed of in this direction by the National Association. A brief circular, judiciously worded, should be sent to the American Medical Association, to the several State Medical Societies and, indeed, to all medical organizations in the country, of whatever nature, with the request that they cordially endorse the movement. In this direction, you have work to do beyond what was deemed could be necessary in 1857-8. There now is reason to believe that there are professedly reputable physicians, throughout the land, who are implicated in this crime. It is the duty of every honorable practitioner, for

the good name of our profession, and for humanity's sake and our national prosperity, to assist in detecting, exposing and punishing these villains.

4th. But where the law so often fails, is this possible through strictly professional action? It certainly is. Most medical societies have a by-law by which their offenders against the moral code may be summoned to answer, tried and expelled. When such is done by a minor organization, its State Society will take up and similarly treat the case and so will the American Medical Association, as a court of higher resort. This but accomplished, public opinion will be quite sure to degrade the miscreant; while the medical licensing bodies in each State will be as quick to withdraw his right to practice. He then would become subject to the courts of law upon another count, and if now pursued can easily be convicted and fined or imprisoned, or both.

If you but show yourselves in earnest, your example will be speedily followed; and a campaign thus begun is already won.

(By request of the Newport Medical Society, the above paper was read at its meeting of August 18, 1897, also. As result, a Committee of the Society was appointed "to obtain through correspondence with Medical Societies and otherwise, such action by the profession as may tend to lessen the occurrence of criminally induced abortion.")

